

253210 (253210)  
2014.429 +**Greenwood County Library****600 South Main St.****Greenwood, SC 29646****(864) 941-4650 phone / (864) 941-4651 fax****PUBLIC FAX MEMO COVER SHEET****To: Name:** Public Service Commission**Company:** \_\_\_\_\_**Fax #:** 203-896-5199**FROM: Name:** Lawanna Roman**Address:** 210 Wheatfield Dr.**DATE:** 10/30/14**SUBJECT:** \_\_\_\_\_**Pages:** Cover sheet plus \_\_\_\_\_ pages

## Individual Complaint Form

10/3/2014

### Complainant or Legal Representative Information

Required fields

Name \* Kawonna Roman

Title (if applicable) \_\_\_\_\_

Mailing Address \* 210 Wheatfield Drive

City, State Zip \* Greenwood SC 29649

Phone \* 8542057775

E-mail \* romankawonna@yahoo.com

Name of Utility Involved in Complaint \* Duke Energy

NOTE: If AT&T is the utility involved, please complete the attachment located at the end of this form.

### Type of Complaint (check appropriate box below)

- ☐ Billing Error/Adjustments  
☐ Disconnection of Service  
☐ Service Issue  
☐ Other (be specific) \_\_\_\_\_

- ☐ Deposits and Credit Establishment  
☒ Payment Arrangements  
☐ Meter Issue

- ☐ Wrong Rate  
☐ Water Quality

- ☐ Refusal to Connect Service  
☐ Line Extension Issue

Have you contacted the Office of Regulatory Staff (ORS)? ☒ Yes ☐ No Name of ORS Contact \* Takeshia

Concise Statement of Facts/Complaint: I have contacted Regulatory Staff and they directed me to the complaint form on-line.

Relief Requested: \* (This section must be completed. Attach additional information to this page if necessary.)  
I'm having a very hard time with the light bill however I feel something is going wrong with the rate of my light bill each month I'm a single parent only making \_\_\_\_\_ and hour I work during the day and my children attend school during the day I have changed all bulbs in the home with duke energy light bulbs the bill hasn't went down yet

\*\*I GIVE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA PERMISSION TO PUBLISH THIS COMPLAINT AND ITS CONTENTS ON THE COMMISSION'S WEBSITE (dms.psc.sc.gov) ☒ Yes ☐ No  
Complainant's Signature \* Kawonna Roman

### VERIFICATION

STATE OF SOUTH CAROLINA  
COUNTY OF Greenwood

I, Kawonna Roman  
Complainant's Name \* Kawonna Roman verify that I have read my complaint filed on 10/03/2014 Date \*

Kawonna Roman  
Complainant's Signature \*

and know the contents thereof, and that said contents are true.

Internal Use Only